

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046294

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3642 STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS COUNTY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>OAKLAND</u>		Length of stay in 1b <u>14 YRS</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>NURSING HOME BETHESDA-PILWORTH</u>		d. STREET ADDRESS (If outside, give location) <u>9645 BIG BEND</u>	
3. NAME OF DECEASED (Type or print) First <u>LUTHER</u> Middle <u>BUTCHER</u> Last <u>BUTCHER</u>		4. DATE OF DEATH Month <u>NOV.</u> Day <u>28</u> Year <u>1963</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-7-1892</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAINTENANCE SUPERVISOR</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>COLUMBIA MO</u>	
10a. FATHER'S NAME <u>JAMES EDWARD BUTCHER</u>		10b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
11. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		12. NAME OF HUSBAND OR WIFE <u>NEVA W. BUTCHER</u>	
13. SOCIAL SECURITY NO. <u>9645</u>		14. ADDRESS <u>BIG BEND</u>	
15. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> DUE TO (b) <u>Atherosclerotic Heart</u> DUE TO (c) <u>Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>5</u> a.m. <u>PM</u> Month, Day, Year <u>11/28/63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>FLORA</u> COUNTY <u>ILL</u> STATE <u>ILL</u>	
21. I attended the deceased from <u>2/10/53</u> to <u>11/28/63</u> and last saw him/her alive on <u>11/23/63</u> Death occurred at <u>5 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Malcolm B. Bawell M.D.</u> 22b. ADDRESS <u>4660 Maryland</u> 22c. DATE SIGNED <u>11/28/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>11-29-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD</u>	23d. LOCATION (City, town, or county) <u>FLORA</u> (State) <u>ILL</u>
24. FUNERAL DIRECTOR <u>BYRKE FUNERAL HOME</u> ADDRESS <u>E. ST. LOUIS, ILL.</u>		25. DATE RECD. BY LOCAL REG. <u>11-29-63</u> 26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Chas M. Burke

Licensed Embalmer No. 2421

P. O. Address E. St. Louis, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.